

VENDOR INVOICE INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

Document ID				
Trans VI	Dept	R/Org	Number	VI Date
Action: Entry(E) Modify(M)			TY	Vendor Invoice Number

Vendor Code	Freight:
Vendor Name	Discount Type
Vendor Address	Taxes
	Total Lines
	I/D
Clear All	Comments
	Total Inv

Referenced Doc ID											
LN	Trans	Dept	Org	Number	LN	Order QTY	Unit MEAS	Commodity Code			
Spec Cond		QTY		I/D	Unit Cost		I/D	Total Cost		P/F	Text
Description											

Prepared By: _____ Title: _____ Date: _____
 Approved By: _____ Title: _____ Date: _____
 Entered By: _____ Title: _____ Date : _____